

**FEB 24 2005****Procter & Gamble - I.P. Division****IMPORTANT CONFIDENTIALITY NOTICE**

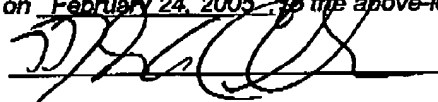
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**FACSIMILE TRANSMITTAL SHEET AND  
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8****TO: Examiner Margaret V. Elmsmann - United States Patent and Trademark Office**

Fax No. (703) 872-9306

Phone No. (571) 272-1314

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on February 24, 2005 to the above-identified facsimile number.

 (Signature)**FROM: Mark A. Charles** (Typed or printed name of person signing Certificate)

Fax No. (513) 627-8118

Phone No. (513) 627-4229

Listed below are the item(s) being submitted with this Certificate of Transmission:\*\*

- 1) Fee Transmittal (original + 1 copy)
- 2) Notice of Appeal (original + 1 copy)
- 3) Amendment (6 pages)
- 4)

Number of Pages Including this Page: 13

Inventor(s): Honma *et al.*

S.N.: 09/862,869

Filed: May 22, 2001


Case: AA472

Comments:

\*\*Note: Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

<b>FEE TRANSMITTAL</b> <b>for FY 2005</b> Patent fees are subject to annual revision. Effective December 8, 2004	<b>Complete if Known</b>	
	Application Number	09/862,869
	Confirmation Number	1083
	Filing Date	May 22, 2001
	First Named Inventor	Nobuhiko Honma
	Examiner Name	Margaret V. Einsmann
	Art Unit	1751
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 950.00	Attorney Docket No.	AA472

<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>																															
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company		<b>5. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Fee Description</th><th>Fee Paid</th></tr> </thead> <tbody> <tr> <td>Extension for reply within 1<sup>st</sup> month</td><td>(\$120) <input type="checkbox"/></td></tr> <tr> <td>Extension for reply within 2<sup>nd</sup> month</td><td>(\$450) <input checked="" type="checkbox"/></td></tr> <tr> <td>Extension for reply within 3<sup>rd</sup> month</td><td>(\$1,020) <input type="checkbox"/></td></tr> <tr> <td>Extension for reply within 4<sup>th</sup> month</td><td>(\$1,590) <input type="checkbox"/></td></tr> <tr> <td>Extension for reply within 5<sup>th</sup> month</td><td>(\$2,160) <input type="checkbox"/></td></tr> <tr> <td>Information Disclosure Statement fee</td><td>(\$180) <input type="checkbox"/></td></tr> <tr> <td>37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)</td><td>(\$130) <input type="checkbox"/></td></tr> <tr> <td>37 CFR 1.17 (q) Missing Parts (provisional)</td><td>(\$50) <input type="checkbox"/></td></tr> <tr> <td>Non-English specification</td><td>(\$130) <input type="checkbox"/></td></tr> <tr> <td>Notice of Appeal</td><td>(\$500) <input checked="" type="checkbox"/></td></tr> <tr> <td>Filing a brief in support of an appeal</td><td>(\$500) <input type="checkbox"/></td></tr> <tr> <td>Request for oral hearing</td><td>(\$1,000) <input type="checkbox"/></td></tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td>(\$1,370) <input type="checkbox"/></td></tr> <tr> <td>Other:</td><td><input type="checkbox"/></td></tr> </tbody> </table>		Fee Description	Fee Paid	Extension for reply within 1 <sup>st</sup> month	(\$120) <input type="checkbox"/>	Extension for reply within 2 <sup>nd</sup> month	(\$450) <input checked="" type="checkbox"/>	Extension for reply within 3 <sup>rd</sup> month	(\$1,020) <input type="checkbox"/>	Extension for reply within 4 <sup>th</sup> month	(\$1,590) <input type="checkbox"/>	Extension for reply within 5 <sup>th</sup> month	(\$2,160) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (q) Missing Parts (provisional)	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$500) <input checked="" type="checkbox"/>	Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>	Request for oral hearing	(\$1,000) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>	Other:	<input type="checkbox"/>
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<b>2. BASIC FILING FEE - Large Entity</b> <table border="1"> <thead> <tr> <th>FILING FEE</th><th>SEARCH FEE</th><th>EXAMINATION FEE</th><th>Fee Paid</th></tr> </thead> <tbody> <tr> <td>Application Type</td><td></td><td></td><td></td></tr> <tr> <td>Utility (\$300)</td><td>(\$500)</td><td>(\$200)</td><td>(Total = \$1000) <input type="checkbox"/></td></tr> <tr> <td>Design (\$200)</td><td>(\$100)</td><td>(\$130)</td><td>(Total = \$430) <input type="checkbox"/></td></tr> <tr> <td>Reissue (\$300)</td><td>(\$500)</td><td>(\$600)</td><td>(Total = \$1400) <input type="checkbox"/></td></tr> <tr> <td>Provisional filing fee</td><td></td><td></td><td>(Total = \$200) <input type="checkbox"/></td></tr> </tbody> </table>		FILING FEE	SEARCH FEE	EXAMINATION FEE	Fee Paid	Application Type				Utility (\$300)	(\$500)	(\$200)	(Total = \$1000) <input type="checkbox"/>	Design (\$200)	(\$100)	(\$130)	(Total = \$430) <input type="checkbox"/>	Reissue (\$300)	(\$500)	(\$600)	(Total = \$1400) <input type="checkbox"/>	Provisional filing fee			(Total = \$200) <input type="checkbox"/>								
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Provisional filing fee			(Total = \$200) <input type="checkbox"/>																														
<b>3. APPLICATION SIZE FEE:</b> Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$)[0]																																	
<b>4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</b> <table border="1"> <thead> <tr> <th>Extra Claims</th><th>Fee from Below</th><th>Fee Paid</th></tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td><td></td><td></td></tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td><td></td><td></td></tr> <tr> <td>Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/></td><td></td><td></td></tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below <b>Fee Description</b> Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$)[0]		Extra Claims	Fee from Below	Fee Paid	Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/>			<b>SUBTOTAL (5) (\$)</b> 950																			
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Mark A. Charles	Registration No. (Attorney/Agent)	51,547
Signature		Telephone	(513) 827-4229
		Date	February 24, 2005

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain recognition a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
 FeeTrans.doc (Revised for P&G use 12/14/2004)

**Certification of Mailing or Facsimile Transmittal**  
I hereby certify that I have reasonable basis to expect that, on the date shown below, this correspondence is being submitted as indicated below:

☐ Mailed or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

☒ Facsimile transmitted to the U.S. Patent and Trademark Office via fax number (703) 872-9306

Mark A. Chades  
Signature  
February 24, 2005  
Date

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**FEB 24 2005**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No. : 09/862,869  
Applicant(s) : Nobuhiko Honma, et al.  
Filed : May 22, 2001  
Title : A METHOD FOR CARING FOR A FABRIC ARTICLE AND FOR PROVIDING A SYSTEM THEREFOR  
TC/A.U. : 1751  
Examiner : Margaret V. Einsmann  
Conf. No. : 1083  
Docket No. : AA472  
Customer No. : 27752

**NOTICE OF APPEAL FROM THE EXAMINER TO  
THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is \$500.00 (37 CFR 41.20(b)(1)).

A petition under 37 CFR §1.136(a) to extend the period for filing a reply in the above-identified application is also requested. The processing fee under 37 CFR §1.17 has been determined as follows: \$450.00 for a 2-month extension of time.

The Director is hereby authorized to charge the above fees, or any additional fees that may be required, or credit any overpayment to Deposit Account No. 16-2480 in the

name of The Procter & Gamble Company. An additional copy of this Notice is enclosed for that purpose. I am: an attorney or agent of record.

Respectfully submitted,

THE PROCTER & GAMBLE COMPANY

A handwritten signature in black ink, appearing to read 'Mark A. Charles', written over a horizontal line.

Mark A. Charles  
Registration No. 51,547  
(513) 627-4229

Date: February 24, 2005

Customer No. 27752